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Date MM...../DD...../YYYY.....  
Rush production  
3 days      4 days

**Clinician**

Account Name/Number .....  
Location .....  
PO Number .....  
Clinician .....  
Contact me before processing



**Recommended For:**

- Hiking and walking boots with removable insoles
- Accommodating rigid and flexible deformities

**Clinical Indications:**

- Lower extremity pathology
- Poor posture

**Standard specifications**

Top Cover: 1mm Glove Leather  
Bottom Cover: None  
Frame Material: 8.9oz Leather  
Frame Filler: Cork  
Heel Cup: 12mm  
Extension: None  
Rearfoot Post: Intrinsic  
Balance Forefoot to Rearfoot  
Custom Congruent To Foot Model

**Top cover length** (optional - for changing defaults)

- Mets
- Sulcus
- Toes

**Top cover material** (optional - for changing defaults)

- Prolite mm
- Neoprene mm
- Protex
- Glove leather
- Suede
- Plastazote mm

**Bottom cover material** (optional - for changing defaults)

- Vegan Suede
- Grip
- Suede bottom wrap
- Myolite mm

**Patient**

First Name .....  
Last Name .....  
Gender: M      F      DOB MM...../DD...../YYYY.....  
Height ..... Weight ..... Shoe size .....  
Dx .....  
Ship to Patient  
Street Address .....  
City .....  
State ..... Zip .....

**Congruency** (optional - for changing defaults)

- Foot captured in desired position
- OR
- Balance forefoot to rearfoot (Root style)
- Lower arch height (mm)
- Raise arch height (mm)
- Asymmetrical feet

**Rearfoot posting** (optional - for changing defaults)

- Extrinsic R L
- or Intrinsic R L
- Heel skive R L
- Heel lift (mm) R L

**Forefoot posting** (optional - for changing defaults)

- Extrinsic R L
- or Intrinsic R L
- or Met wedge

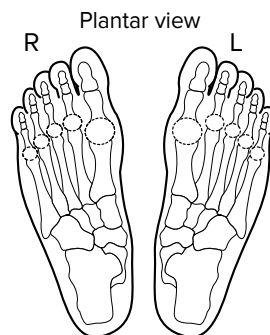
**Extensions to sulcus** (optional - for changing defaults) More options on 2<sup>nd</sup> page

- Morton's R L
- Reverse morton's R L

**Pads** (optional - for changing defaults) More options on 2<sup>nd</sup> page

- Metatarsal pad R L
- Heel pad R L
- Myolite Myolite layer R L
- Met balance pad (select all that apply) R L

**Indicate as needed**








**Special instructions**














**Frame modifications** (optional - for changing defaults)

|  | RIGHT          |      | LEFT           |
|--|----------------|------|----------------|
|  Heel Cup Depth              |                | (mm) | (mm)           |
|  Frame Filler                | <b>Myolite</b> |      | <b>Myolite</b> |
|  Filler Skive                |                |      |                |
|  1 <sup>st</sup> Ray Cut Out |                |      |                |
|  5 <sup>th</sup> Ray Cut Out |                |      |                |
|  Navicular B. Out            |                | (mm) | (mm)           |
|  5 <sup>th</sup> Button Out  |                | (mm) | (mm)           |
|  Fascia Groove               |                |      |                |
|  Heel Aperture               |                |      |                |
|  Wide Arch Profile           |                |      |                |
|  Medial Flange               |                |      |                |
|  Lateral Flange              |                |      |                |
|  Valgus Frame Filler         | <b>Myolite</b> |      | <b>Myolite</b> |
|  Device Undercut             |                |      |                |
|  Width of Frame              |                |      |                |

**Post modification** (optional - for changing defaults)



|   |  |      |      |
|---|--|------|------|
|  Grip Heel Plate    |  |      |      |
|  Proximal Grind off |  |      |      |
|  Heel Lift Tapered  |  | (mm) | (mm) |
|  Heel Elevator      |  | (mm) | (mm) |
|  Varus Motion Post  |  |      |      |

**Pads & Cushions** (optional - for changing defaults)









|  |  |            |            |
|--|--|------------|------------|
|  Plastazote Layer  |  | (mm)       | (mm)       |
|  Met Punch <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |  |            |            |
|  Medial Flap   |  |            |            |
|  Scaphoid Pad  |  | (mm)       | (mm)       |
|  Slot Accomodation   |  |            |            |
|  Met Bar 1-5   |  | (mm)       | (mm)       |
|  Dancer's Pad  |  | (mm)       | (mm)       |
|  Toe Crest   |  |            |            |
|  Neuroma Pad   |  | interspace | interspace |
|  Cuboid Offload  |  | (mm)       | (mm)       |
|  Heel spur pad   |  | (mm)       | (mm)       |
|  Carlton Saddle  |  | (mm)       | (mm)       |
|  Valgus Onlay Pad  |  |            |            |

**Forefoot extensions** (optional - for changing defaults)

Sulcus extension

|   |  |                     |                     |
|---|--|---------------------|---------------------|
|  Sulcus Extension |  | <b>Myolite</b> (mm) | <b>Myolite</b> (mm) |
|  Foot Cookie Ext. |  | <b>Myolite</b> (mm) | <b>Myolite</b> (mm) |

To toe extension

|   |  |                     |                     |
|---|--|---------------------|---------------------|
|  Morton's Ext.                      |  |                     |                     |
|  Rev. Morton's Ext.                 |  |                     |                     |
|  Toe Extension                      |  | <b>Myolite</b> (mm) | <b>Myolite</b> (mm) |
|  Dynamic Wedge                      |  | (mm)                | (mm)                |
|  Varus Extension                    |  | (mm)                | (mm)                |
|  Valgus Extension                   |  | (mm)                | (mm)                |
|  Toe Filler                         |  |                     |                     |
|  Detached Carbon Foot Plate to Toes |  |                     |                     |